

## FULL APPROVAL FOR TEACHER CONSULTANT

**Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.**

**The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.**

Candidate's Name: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 ISD Name: \_\_\_\_\_ ISD Code #: \_\_\_\_\_  
 LEA Name: \_\_\_\_\_ LEA Code#: \_\_\_\_\_  
 Program Category: \_\_\_\_\_ Program Category Code #: \_\_\_\_\_  
 Effective Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

- Yes No** 1. This candidate holds a valid Michigan teaching certificate showing a special education endorsement in the category in which this teacher consultant approval is requested. The special education endorsement must be in one of the following areas: autistic impaired, mentally impaired, emotionally impaired, learning disabled, hearing impaired, visually impaired, and physically and otherwise health impaired. (attach copy)
- Yes No** 2. This candidate has an earned master's degree in education or a field of study related to special education. (attach copy)
- Yes No** 3. This candidate has completed a minimum of three years of satisfactory teaching experience, not less than two years of which shall be in teaching handicapped persons in a special education classroom. (attach copy)
- Yes No** 4. Personnel signatures by the candidate, employer, and ISD.

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**PERSONNEL SIGNATURES:**

\_\_\_\_\_  
 Candidate Date

\_\_\_\_\_  
 Employing Superintendent/Designee Date

\_\_\_\_\_  
 ISD Superintendent/Designee Date

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Return To: \_\_\_\_\_  
 (ISD Contact) \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

cc: Intermediate School District  
 School District  
 Candidate  
 University/College (if applicable)